

Readiness to Learn Program Referral Form



Student _____	SSID _____
School _____	Teacher _____

Migrant Qualified? No Yes

DOB: _____ Age: _____ Grade: _____ Male Female

Language spoken by Child: _____ By Parents: _____

Address: _____

Phone: Daytime _____ Cell _____ Evening _____

Residents of Home Relationship Age of Children School/Employer, if known

Instructions: Please report on the most recently completed school term prior to the child's referral date. Please fill out this form completely, and do not send attendance print-outs.

**Term Completed
Immediately
Prior to Referral:**

Fall

Winter

Spring

2019-20

2020-21

Length of Term:

45 Days

60 Days

Regarding this Term Completed Immediately Prior to Referral:

Number of Days Tardy: _____

Number of Excused Absences: _____

Number of Unexcused Absences: _____

Number of Days Suspended: _____

Number of Disciplinary Referrals: _____

Was child enrolled for the entire reporting period selected? Yes

No

If No, how many days of the term was the child enrolled? _____

Teacher survey is complete and included with this referral.

Yes, the parent has been informed about this referral.

Referred by: _____ Title: _____

Phone: _____ E-Mail: _____ Referral Date: _____

➤ Please complete pages 2 and 3 as well. ➤

Referrals can be mailed to 1014 Walla Walla Ave, Wenatchee, WA 98801 or faxed to (509) 663-3726.

Last Review: 08/03/2017

Office Use Only: CHSW # _____

Assigned to _____

Date Assigned _____

Readiness to Learn Program Referral Form



Complete this side by marking all boxes that apply.

Referral Reason:

- | | | |
|--|---|--|
| <input type="checkbox"/> Academic Problems | <input type="checkbox"/> Behavior Problems – Home | <input type="checkbox"/> Health – Medical/Dental |
| <input type="checkbox"/> School Attendance Problems | <input type="checkbox"/> Family Relationships | <input type="checkbox"/> Health - Emotional |
| <input type="checkbox"/> Low Interest in School | <input type="checkbox"/> Parenting Skills/Support | <input type="checkbox"/> Substance Abuse - Family |
| <input type="checkbox"/> Limited English Proficiency | <input type="checkbox"/> Child Development | <input type="checkbox"/> Substance Abuse - Student |
| <input type="checkbox"/> Ed./Vocational Support | <input type="checkbox"/> Parent with a Disability | <input type="checkbox"/> Basic Needs - Housing |
| <input type="checkbox"/> Special Needs/Disability | <input type="checkbox"/> Abuse/Neglect | <input type="checkbox"/> Basic Needs - Food |
| <input type="checkbox"/> Life Skills | <input type="checkbox"/> Sexual Abuse (possible) | <input type="checkbox"/> Basic Needs - Clothes |
| <input type="checkbox"/> Social Support | <input type="checkbox"/> Safety Concerns | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Behavior Problems – School | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Parent Unemployment |
| | | <input type="checkbox"/> Parent Incarcerated |

Impairments: Special Ed IEP ESL Title I May Need Testing

- | | | |
|--|---|---|
| <input type="checkbox"/> Blind/Visual | <input type="checkbox"/> Deaf/Hearing | <input type="checkbox"/> Developmental Disability |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Communication/Sensory |
| <input type="checkbox"/> Behavior Impairment | <input type="checkbox"/> Limited English Language | <input type="checkbox"/> Other _____ |
| Medications _____ | | |

Ethnicity (primary):

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Ukrainian | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Russian | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other Race _____ |
| <input type="checkbox"/> Mexican American | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Unknown |

Previous Interventions: (e.g., staff, agency, adaptations, etc.)

What would you like to see accomplished?

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Behavioral Survey

This information will be used to evaluate progress socially and behaviorally in school while participating in the RTL program.

Name of Student _____ Grade _____

School _____ Survey Date _____

Staff Completing _____ Staff Role _____

Please mark your assessment of the student using the following scale.

A Minor Problem	This problem/concern emerges only occasionally and/or is having only a slight adverse impact on youth's ability to function or succeed.
A Moderate Problem	This problem happens a fair amount of the time and/or is having an adverse impact on youth's ability to function or succeed.
A Major Problem	This problem happens a fair amount of the time and/or is severely affecting a youth's ability to function or succeed.

	Not a Problem	Minor Problem	Moderate Problem	Major Problem	Not Sure
1) Behaving poorly in class or on school grounds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Engaging in fighting, verbal anger.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Intimidating or bullying other students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Is bullied or the target of rumors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Struggles Socially.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Difficulty accepting responsibility/consequences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Is easily influenced by others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Not completing homework.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Less than satisfactory academic performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Inattentive or consistently off task in classroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Has a negative attitude about school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) Not coming to school ready/prepared to learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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